



CONTACT INFORMATION FOR PERMIT APPLICATION

Dear Applicant:

Please complete the following information. Your email address is required so you can be notified on the status of your plans.

First Name: (PRINT CLEARLY) _____ **Last Name:** (PRINT CLEARLY) _____

Cellular Number: _____ Office/Home Number: _____

EMAIL Address: _____

Comments: _____

If you are submitting a municipal plan, please provide the municipal process number(s) and ensure the municipal application is in the office set of plans _____

PLEASE INDICATE IF PLANS ARE

☐ GOV'T PROJECT/ DEPT _____ ☐ GREEN BLDG (NEW CONSTRUCTION ONLY)* ☐ PACE PROJECT*
☐ AFFORDABLE/ WORKFORCE HOUSING* ☐ ECONOMIC SIGNIFICANCE*

(*Pursuant to Ordinance 99-140; Ordinance 05-115; and Ordinance 08-51. Project may have additional requirements.)

REQUESTED REVIEWS

☐ ALL ☐ BLDG ☐ DERM ☐ ELEC ☐ ENRG ☐ FIRE
☐ HCAP ☐ LANDSCAPING ☐ MECH ☐ PLUM ☐ PWKS ☐ PWCC
☐ ROOF ☐ SIGN ☐ STRU ☐ ZNPR ☐ WASD ☐ PWIF
☐ PERMIT BY AFFIDAVIT CHECK ☐ SHORT TERM EVENT AFFIDAVIT CHECK ☐ OPTIONAL PLAN REVIEW
☐ BLDG ☐ ELEC ☐ MECH ☐ PLUM ☐ STRU

-FOR OFFICE USE ONLY-

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

Application Date: ____/____/____ Clerk Name: _____ Arrival Time: ____:____

Process No(s): _____ / _____ / _____
_____ / _____ / _____

☐ Re-Issue ☐ Plan Revision
☐ Rework ☐ Shop Drawing